

2004 IMLS Solicitation for Course in Outcomes-based Planning and Evaluation

Face Sheet

OMB No. 3137-0029

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. DUNS Number _____

8. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. _____

9. Business Phone of Project Director _____

10. Project Director Mailing Address _____

11. City _____

12. State _____

13. Zip Code _____

14. Fax Number of Project Director _____

15. E-mail Address of Project Director _____

16. Name and Title of Authorizing Official _____

17. Business Phone of Authorizing Official _____

18. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____

19. Is the applicant organization university controlled? ☐ yes ☐ no

20. AMOUNT REQUESTED \$ _____

21. Amount of Matching Funds \$ _____

22. Cooperative Agreement Period (Starting Date) ____/____/____ — ____/____/____ (Ending Date)

23. In the space below, include names of any organizations that are official partners of the project.

2004 IMLS Solicitation for Course in Outcomes-based Planning and Evaluation

24. Check governing control of applicant (select one) ☐ State ☐ County ☐ Private Non-Profit
☐ Municipal ☐ Tribal Government ☐ Other, please specify _____

25. Check Type of Organization (select one)

- ☐ Institution of Higher Education other than those listed below:
 - ☐ Graduate School of Library and Information Science
 - ☐ Four Year College
 - ☐ Community College
- ☐ Library
 - ☐ Academic Library
 - ☐ Library Consortium
 - ☐ Public Library
 - ☐ Research Library/Archives
 - ☐ School Library or School District applying on behalf of a school library or libraries
 - ☐ Special Library
- ☐ State Library Agency
- ☐ Museum
 - ☐ Aquarium
 - ☐ Arboretum or Botanical Garden
 - ☐ Art Museum
 - ☐ General Museum
 - ☐ Historic House or Historic Site
 - ☐ History Museum
 - ☐ Natural History or Anthropology Museum
 - ☐ Nature Center
 - ☐ Planetarium
 - ☐ Science or Technology Center
 - ☐ Specialized Museum
 - ☐ Youth or Children's Museum
 - ☐ Zoological Park
 - ☐ Museum Consortium
- ☐ Library Professional Association
- ☐ Museum Professional Association
- ☐ Other, please specify: _____

26. Employer identification number/tax ID number _____

I certify that the information contained in this proposal, including all attachments and supporting material, is true and correct to the best of my knowledge. I also certify that the application is in compliance with the federal requirements specified under "Assurance of Compliance."

Signature of Authorizing Official _____ Date _____

Name and Title of Authorizing Official _____

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS			\$ _____					

2004 IMLS Solicitation for Course in Outcomes-based Planning and Evaluation

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 1__ 2__ 3__

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

STUDENT SUPPORT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL STUDENT SUPPORT \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

TOTAL DIRECT PROJECT COSTS EXCLUDING STUDENT SUPPORT \$	_____	_____	_____	_____
--	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C.

Applicant organization is using:

- ☐ A. an indirect cost rate that does not exceed 15% of modified direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate.

Name of Federal Agency

Expiration Date of Agreement

C. Rate base(s) Modified Direct Costs

_____ % of \$ _____	= \$ _____
_____ % of \$ _____	= \$ _____
_____ % of \$ _____	= \$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

2004 IMLS Solicitation for Course in Outcomes-based Planning and Evaluation

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
STUDENT SUPPORT	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____
INDIRECT COSTS *	\$ _____	\$ _____	\$ _____	\$ _____

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____ \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____ \$ _____
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% IF REQUEST EXCEEDS \$250,000 - RESEARCH PROJECTS EXCEPTED.)

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____